

STRANGULATION OF VERMIFORM APPENDIX IN RIGHT FEMORAL RING.

By HERBERT V. RAKE,

OF FORDINGBRIDGE, HANTS, ENGLAND.

MRS. R., aged fifty-three years, sent for me on August 19, 1894, complaining of an intensely painful swelling in the right groin. For years she had been conscious of a small swelling about the size of a hazel-nut in the region of the right saphenous opening, which became larger if she strained at stool, and gradually went back again to its original size, but never entirely disappeared. About a fortnight before I saw her, constipation had been worse than usual, and suddenly the swelling increased to an elongated roll about one and a half inches in length. She became very faint with a great feeling of sickness, which passed off after a time; but the swelling remained enlarged, and was very painful. This state of affairs went on till August 17, when the lump became more painful and inflamed, and the patient became so ill that she had to go to bed; nausea and faintness now returned.

At my first visit the patient was lying on her back, with the right thigh a little flexed on the abdomen; aspect worn and pale, tongue very much furred, but moist; some nausea, no actual vomiting, pulse feeble and rapid, 120, and temperature, 100.5° F. On examining the right femoral region, an inflamed swelling, about one and a half inches long and one inch broad, was found, lying very much internal to the vessels on the adductor longus. The skin was closely adherent to the tumor at one place, and appeared to be thinned, oedematous, and almost as if an abscess were pointing there. There was some sense of fluctuation. On tracing the swelling up above Poupart's ligament, there was a sense of fullness, and very great pain and tenderness. There had been no absolute intestinal obstruction. The bowels acted last on August 16, and flatus had been passed per anus.

Notwithstanding absolute rest in bed, hot boracic fomenta-

tions to the swelling, and liquid diet, the symptoms became more severe, greater pain in the swelling, more nausea. On August 21 the bowels were opened, the distress and pain being very great before and after the action. The swelling became larger, the area of redness had extended, and the centre of the tumor was of a bluish color, with distinct fluctuation. August 22, the swelling was opened under cocaine. Temperature before operation, 102° F.; pulse, 130. Thick, grumous, very foetid pus spurted out, followed by currant or raspberry seeds. On investigation, I found that this fruit was last partaken of six or eight weeks before the date of operation. The wound was dressed with hot boracic acid; a drainage tube was inserted. During the following days her general condition gradually improved; on the sixth day a sloughing mass which had presented in the abscess cavity was cut away, and after removal was recognized to be the vermiform appendix.

September 1. After straining a little at stool, no enæma having been used, some feculent discharge appeared in the wound (blackened by bismuth, which had been given for pyrosis), and, on pressure above Poupart's ligament, it was possible to press out the contents of the bowels through a pinhole opening. There was still some considerable tenderness in the groin above the ligament.

September 20. Patient well; no faecal discharge from the wound, which is soundly healed. She can walk quite upright without pain, except on pressure; gaining flesh.